

S. CON. RES. 68

Whereas Johnny Cash was one of the most influential and recognized voices of American music throughout the world, whose influence spanned generations and musical genres;

Whereas Johnny Cash was born on February 26, 1932, in Kingsland, Arkansas, and moved with his family at the age of 3 to Dyess, Arkansas, where the family farmed 20 acres of cotton and other seasonal crops;

Whereas those early years in the life of Johnny Cash inspired songs such as "Look at Them Beans" and "Five Feet High and Rising";

Whereas Johnny Cash eventually released more than 70 albums of original material in his lifetime, beginning with his first recording in 1955 with the Tennessee Two;

Whereas Johnny Cash was a devoted husband to June Carter Cash, a father of 5 children, and a grandfather;

Whereas Johnny Cash received extensive recognition for his contributions to the musical heritage of the Nation, including membership in the Grand Old Opry; induction into the Nashville Songwriters Hall of Fame, the Country Music Hall of Fame, and the Rock and Roll Hall of Fame; and his receipt of numerous awards, including Kennedy Center Honors, 11 Grammy awards, and the 2001 National Medal of Arts;

Whereas Johnny Cash embodied the creativity, innovation, and social conscience that define American music;

Whereas Johnny Cash was a vocal champion of the downtrodden, the working man, and Native Americans; and

Whereas the Nation has lost one of its most prolific and influential musicians with the death of Johnny Cash on September 12, 2003, in Nashville, Tennessee: Now, therefore, be it

*Resolved by the Senate (the House of Representatives concurring), That Congress—*

(1) honors the life and accomplishments of Johnny Cash;

(2) recognizes and honors Johnny Cash for his invaluable contributions to the Nation, Tennessee, and our musical heritage; and

(3) extends its condolences to the Cash family on the death of a remarkable man.

#### THIS WEEK IN THE SENATE

Mr. FRIST. Mr. President, as we look back over the last several days, over the course of the week, even though it will be cut short by the impending weather, we have had a very productive week.

We addressed H.R. 2754, which is the energy and water appropriations bill, led by Senator PETE DOMENICI, and over the course of that bill disposed of over 20 amendments over a 2-day period.

The House message to accompany S. 3, the partial-birth abortion ban bill, led on our side by Senator SANTORUM, was completed this week, and now conferees can be appointed and that important piece of legislation addressed in conference and then sent to the President of the United States for his signature.

We also completed S.J. Res. 17, the FCC disapproval resolution. Then, yesterday, we confirmed an additional five U.S. district judges. As I pointed out yesterday, we still have six judges ready to come to the floor, and we will attempt to bring those to the floor as

soon as we possibly can. I would like to get all of those done early next week.

We also, this week, began the Interior Appropriations bill, which we will continue this morning and Monday and aim for completion on Tuesday.

Mr. President, I note, in a few minutes, we are going to be going to the Interior bill, but I would like, at the appropriate time, to make a statement on a recent mission trip that I took to Africa.

#### RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

The PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 2691, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 2691) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2004, and for other purposes.

Pending:

Reid amendment No. 1731, to prohibit the use of funds for initiating any new competitive sourcing studies.

Reid amendment No. 1732, to authorize the Secretary of the Interior to acquire certain lands located in Nye County, Nevada.

Reid amendment No. 1733, to provide for the conveyance of land to the city of Las Vegas, Nevada, for the construction of affordable housing for seniors.

Daschle amendment No. 1734, to provide additional funds for clinical services of the Indian Health Service, with an offset.

The PRESIDING OFFICER (Mr. SUNUNU). The Senator from Montana.

Mr. BURNS. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HIV/AIDS IN AFRICA

Mr. FRIST. Mr. President, last month I had the privilege of traveling to the southern African nations of South Africa, Mozambique, Botswana, and Namibia, along with five of our colleagues in the Senate. I try to visit the continent of Africa at least once a year. Part of the trip is generally spent doing medical mission work and part of it doing more official business. Over the next several minutes I will reflect a bit upon what we learned as a group with my colleagues on the official part of the recent trip.

As in previous trips, I was again struck by the optimism, the perseverance, the courage of the people I met on the African continent, impressed by

their openness, impressed by their warmth, impressed by their generosity and by their hospitality.

The purpose of our mission was very focused and straightforward. It was not just going and looking at the countries and getting a feel for their governments and overall approach to ruling and to the people there but to determine how best the United States, with others, can coordinate efforts to fight the global HIV/AIDS pandemic which, as I have said many times before, I believe is the greatest humanitarian, moral, and public health challenge of the last 100 years.

Several of my colleagues have already come to the floor and offered some of their reflections and impressions on our recent visit to the continent. I thank Senators WARNER, DEWINE, ENZI, ALEXANDER, and COLEMAN for their comments and for joining our delegation to study HIV/AIDS in Africa, as well as Dr. Joe O'Neill, who is Director of the Office of National AIDS Policy, who accompanied us as well. Dr. O'Neill, who has vast experience as both a physician and someone who has focused on HIV/AIDS, both in the clinic delivering care and in terms of education and research, and now public policy, was a tremendous resource for us. In addition, it allowed us to integrate our ideas on an ongoing basis on this particular trip.

I thank all of them for their thoughts, their remarks, their questions, and comments as we traveled through the southern aspect of Africa, as well as their remarks on the floor since.

In sum, our team had a very productive trip. We met with patients, doctors, nurses. We met with community leaders, activists. We met with the presidents of the countries and other government officials who have been trying to fight and are continuing to fight on the front line this deadly epidemic—this group of people all working together from different vantage points to bring hope and relief to millions and millions of people who are HIV positive, have the manifestations of that infection, which is AIDS, a disease today for which we have no cure.

No part of the world has been more affected by HIV/AIDS than southern Africa, although we all know that the rate of growth was tremendous in Russia and throughout the Caribbean. There are probably more people in India than any other country in the world with HIV/AIDS. But in Africa, where this disease had its impact initially, we see what indeed can happen and is happening to countries throughout the world.

The story of the impact in Africa needs to be told in a way that people understand in order to encourage support of the global community in reversing this epidemic. Graca Machel, who is a truly remarkable former first lady of Mozambique, told us that because of HIV/AIDS:

We are facing extinction. We still face the worst of the epidemic.

Let me repeat:

We are facing extinction.

When you hear those words from leaders, from people who are intimately involved, and you think of extinction caused by this little tiny virus of a people, of a population, of a nation, you realize the significance of this huge challenge before us.

We learned several things. First and foremost, we learned that leadership and political will are absolutely critical. It must come from the top, but it must occur at every level—vertically, down to the most grassroots level. We saw effective, comprehensive responses to HIV/AIDS in many parts of Africa. In those areas where it has been most successful, there has been a strong political will and leadership. We have to start at the very top, with the president or the leader of an affected country. And you need to extend down to that local tribal leader, the person in a local community or a local village or at the tribal level, that person to whom people turn, that person whom people trust, that person who, if they articulate the realities, can cut through the stigma, which I will come to here shortly.

In the country of South Africa, we met with community leaders who were struggling with the political leaders for years over the development of specific response and treatment plans that would save thousands of lives with new treatment approaches and mechanisms and drugs. A lot of this has come to a head over the last year or 2 years.

Indeed, until just several weeks ago, the political leadership there, I believe, had failed to address much of the reality that this little virus causes HIV/AIDS, for which we have no cure. In South Africa, the country itself, more than 5 million people are infected with the disease, for which there is no cure. In contrast to a political will that seems slow to come to the surface, you go to Botswana, in Gaborone, where we met with President Festus Mogae, who, in an effort to reduce the stigma surrounding the virus in the United States and around the world, and in Africa as well, publicly had himself tested. That was part of an effort to show the importance of testing nationwide, to send a strong signal across the country.

This sort of unambiguous leadership sends a strong message to the people. It focuses attention, and indeed it works. As a result of that, Botswana is making notable progress in fighting this pandemic and bringing understanding, security, and hope to its people. Prevention and care must be linked to treatment, and treatment must be preceded by testing because you have to make the diagnosis.

All that sounds straightforward—making the diagnosis so that you can have care and treatment. But what is interesting is that 90 percent of the people in the world who have the virus don't know they are HIV positive, and until you can identify who is positive and who is not, it is hard to engage in

the specific treatment aspect for that virus.

What is not quite so intuitive, but absolutely fact, I believe, is that testing for the virus can become the cornerstone of prevention of the virus. Why? Because testing, because of the great technology today, takes us 15 minutes to do—when I was in Africa before, it took about 3 weeks. In technology there has been great progress. After testing—15 minutes—the counselor or the person doing the test, at that same setting, can have what is called a teachable moment when one can learn about HIV and learn how to prevent HIV. If one is HIV positive, they can learn how to stop and reduce the spread of HIV/AIDS.

It is critical. For example, there are 100 people in this body, and if they were all HIV positive, only 10 would know. You see, we have a lot we need to do in order to at least identify it so that we can educate those people who may have HIV/AIDS.

In Kasane, Botswana, we saw how, using two simple tests, a person can be tested in 15 minutes while receiving that counseling in an effort called voluntary counseling and testing, VCT. I mention those three letters because, as people in this body and our colleagues know more and more about the virus and what we can do, you will hear about VCT, voluntary counseling and testing. If the individual tested negative at that sitting—they don't have HIV—he or she can be counseled as to how to avoid that infection. Then that person is encouraged to go home and talk to their family about the particular virus and about prevention, how to avoid this virus. If the individual tests positive on that encounter, they can immediately be exposed to the options for care and treatment, if available, as well as contact with peer support groups.

Botswana is one of the countries we visited where the overall sophistication is high. There have been a lot of resources devoted, through partnerships to Botswana, and the impact right now is beginning to be felt.

There are no easy answers. This will not be addressed in 1, or 5, or 10 years. It is going to take 15, 20 years to fully address HIV/AIDS.

Another important lesson we learned is that we must take steps to make treatment widely available. This is something that was, for me, really brought out on this particular trip. Even on the trip I took a little over a year ago, it wasn't quite as dramatic. But it is critical that treatment be made available as widely as possible.

President Bush's emergency plan for global AIDS calls for 2 million people to be on treatment by 2006. That is an ambitious goal. We can meet that goal if we focus and make sure that taxpayer dollars we spend are directed to proven, robust prevention care and treatment programs. There is an unlimited amount of money and resources you can devote. People talk \$5 billion,

or \$10 billion, or \$15 billion. You can spend \$100 billion on trying to fight HIV/AIDS.

I think it is important that we spend our taxpayer dollars wisely, in such a way that we know they will have an impact—not just over 6 months or a year but 2, 3, 4, 5, 10, 20 years. This is a long-term commitment and one at which we need to stay in a determined fashion.

Perhaps the single largest challenge to the HIV/AIDS crisis in Africa, through prevention, care, and treatment, is the need to help develop the medical infrastructure to deliver health care safely and effectively. It is not just in South Africa, it is in the United States and every country. It comes down to the fact that it is not just a diagnostic kit. You don't just give diagnostic kits to everybody in the world and expect everything to fall into place. It means you don't just have the drugs, the little vial of drugs, and send it, just as you would not send it anywhere in this country or to other countries; you would not send it to Africa without making sure it could be appropriately stored and appropriately transported, that it could be actually delivered to the patient in a secure and safe way. It is complicated and frustrating, in many ways, in the United States as well. This takes an overall system that we have to continue to develop and partner with and contribute to in terms of resources to make sure it is fully developed.

A message we heard again and again was the request for the United States to help provide expertise and training. This shortage of trained medical and health personnel at Chris Hani Baragwanath Hospital, which is the largest hospital I have ever been in or practiced in, in the United States or in England—it may be the largest hospital in the world. It is in Soweto, South Africa. We had the opportunity to visit the wards there and visit with the staff.

When I close my eyes, I can see the exhausted faces of those nurses, the nurse practitioners, and the physicians, as we listened to them describe the desperate need for more trained staff—staff who have an understanding of HIV-related diseases, the infectious diseases that appear when one has this virus, which suppresses or holds down one's immune system and thus makes an individual more likely to get different infections. They told us about the need for nurses to help do the testing and administer the tests and the need for social workers because it is not just giving the medicine, the antiretroviral therapy, if somebody has HIV/AIDS; it is the care, the nutrition, carrying out daily activities of living in South Africa, and thus you need a whole cadre of social workers to address the care, as well as the treatment aspects of responding to this virus.

They talked about the need for counselors to teach them how to avoid and cope with HIV infection. They talked

about the need for administrative staff. They look to the United States to help partner to provide this trained expertise.

We learned, in addition, that we must build partnerships. It cannot be done by one country, or one organization, or one company; it is going to require huge partnerships. That is going to take partnerships of government and of the NGOs—nongovernment organizations—religious organizations, social organizations, pharmaceutical companies, universities, all of which can come together to build these so-called capacity needs, to build the effective partnerships to address the challenges we have.

In Botswana, we visited the appropriately named Masa—that means “new dawn”—Masa Clinic. Masa is funded by the African Comprehensive HIV/AIDS Program, called ACHAP, which also supports the Coping Centres for People Living with HIV/AIDS, COCEPWA, and the Botswana Christian AIDS Intervention Programme. That sort of partnership, that cross-fertilization is working.

The African Comprehensive HIV/AIDS Program is a unique partnership that is sponsored in part by the Bill and Melinda Gates Foundation, the Merck pharmaceutical company, and the Government of Botswana. It is a remarkable program that was launched 3 years ago in July 2000. It is providing free antiretroviral treatment, counseling, and care for now over 6,000 Africans.

Patients in the Masa program—it has been fascinating to me—have a 92- to 100-percent rate of compliance following this prescribed treatment/drug program, and that is very high. I think compliance with their population in Botswana is equally high to compliance of a similar regimen in any western country—in the United States or in Europe. People are adhering to that regimen that is laid before them day after day. It is truly remarkable.

The highest compliance rates among western countries is 15 to 20 percent lower than that particular figure. So when people say, in Africa it is hard to pull off these complicated treatment programs, that is absolutely wrong. That is just absolutely wrong.

While we were in South Africa, we visited something I have never seen before. We visited the huge gold mining facilities. The one we visited was called Anglo Gold, or part of Anglo Gold. They have their own hospital to treat their miners. There are about 25,000 employees and maybe—they don't really know yet—as many as a third of all those employees are HIV/AIDS infected. Again, that is sort of typical. It may be less than that; it may be a little bit more, but it is a huge number. Therefore, in terms of not just care and compassion but just productivity, because you need a healthy workforce, they have a wonderful program, a comprehensive program that is involved in prevention, care, and treatment at

Anglo Gold. They are bringing antiretroviral treatment to HIV-infected employees directly.

We had the opportunity to talk to the employees and the impact that is making on their lives and the lives of their families and the lives of their extended families in their villages.

We had the real pleasure of visiting St. Mary's Hospital in Rehoboth, Namibia, which is preventing new infections through President Bush's Prevention of Mother-to-Child Transmission Program. We have talked on the floor a lot about the importance of treating the mother with one dose of a drug called Nevirapine—a very inexpensive drug—and then treating the baby within the first 24 hours with one dose of Nevirapine. It cuts that transmission down at least by 50 percent. That particular program is having great success.

In Windhoek, Namibia, we visited the Bernard Noordkamp Camp Center run by the Catholic Church which provides care and nutritional support and counseling to hundreds of orphaned children. All of my colleagues are familiar with the thousands and thousands of orphans as a result of HIV/AIDS, children who have lost their parents to HIV/AIDS. That figure will go to 10 million to 14 million over the next 10 years.

Another point we learned is we must reach people where they live. You cannot have a program designed for even one country and have it apply to every village in another country. You really need to be able to reach people in their own communities.

Most Africans don't live in the big urban areas and, thus, the importance of mobile clinics, going out to the villages, is absolutely critical. We saw a lot of creative responses to the problem. It could be very resource intensive.

In Carletonville, South Africa, we saw the mobile clinics, the mobile vans with trained personnel and medical gear. These vans drive out into the bush to bring that voluntary counseling, treatment, and basic care to people who otherwise simply would not have access to the care. There is no hospital or the nearest hospital or clinic might be 100 miles away, and with most of the people walking, it takes days to reach a clinic. It is impractical. These units would be able to identify people with serious illness and have them come to the local village clinic or the closest village clinic.

In Kasane, Botswana, we saw a mobile rapid-testing lab that travels through that whole Kasane region. By closing the gap between people and health care providers in these innovative ways, we strengthen the overall capacity to deliver health care to those people to cope with HIV/AIDS. That provides a structure which can be replicated throughout not just South Africa, Botswana, Namibia, or Mozambique but in other areas throughout the continent and, indeed, throughout the world.

I mentioned this earlier, and this will be one of my final points, we learned we absolutely have to address the stigma and discrimination that is associated with HIV/AIDS. We have had to address it in the United States of America. We continue to address it throughout Africa. It is very similar.

This stigma is a universal barrier. Every African nation we mentioned said it is a major challenge. Because of fear and discrimination, African women told us again and again they are afraid to get tested out of fear of retribution by their husbands. When we talked with African men, they said they are afraid to be tested because of their fear of discrimination in their workforce or being shunned in their local communities or being shunned by their family.

If you have the stigma, people don't ever make it to the VCT—voluntary counseling and testing. They want to stay at home even if they are sick. They say: I don't want to get tested because if someone finds me HIV positive, then I will be discriminated against. So there is a huge disincentive to be tested. It makes people reluctant to be educated about the virus or even talk about the virus.

One of the most powerful ways of cutting through this stigma is to have the political leaders, the well-recognized leaders of the village come forward and say: We have to address it. Why? Because the possibility of extinction is actually there.

To effectively fight AIDS, it is important that people know what steps to take. Therefore, we have to reach that teachable moment, but to reach that teachable moment, we have to destigmatize. One of the real advances that has been made—and most people have been watching Bono, who has been here this week and talked to a number of people, and who is a very effective voice. He talks passionately about this subject. I have had the opportunity to spend a lot of time working with him on this terribly important issue. He points out the importance of the moral cause and the moral drive in terms of our responsibility, not just the United States but as the global community. I think he is right on target with that particular message as a global community.

In our discussions yesterday, we were commenting on the tremendous positive change in the believers of the world, in the faith-based communities, in the churches, in the mosques, in the temples—in the churches broadly. There has been a huge sea change over the last 2 or 3 years because of the moral necessity, the moral correctness of addressing this particular issue.

That is very important for lots of different reasons. It is important for the offering of hope and compassion and caring and treatment and support, and it is equally important because, to have the church leaders and faith-based leaders stand up repeatedly and say this is an important issue, then people

listen and people understand. If they hear it from their political leaders and they hear it from the church leaders, all of a sudden you can start tearing apart this stigma, which is the barrier to reversing this pandemic that is upon us.

Prevention messages must resonate locally. I mentioned Graca Machel, the former first lady in Mozambique. She told us of the difficulty of discussing HIV/AIDS. She told us of how her Foundation for Community Development works with faith-based organizations to reduce that stigma of HIV/AIDS. We asked her how specifically they do it, and they do it by using well-understood Bible verses and Bible messages that connect with people. All of a sudden, through that connection, they take away the shame that so often is attached to this stigma and discrimination.

She reminded us also of the importance of creating practical messages that appeal specifically to men. Right now in the world there are more women with HIV/AIDS than there are men, which is interesting. Most people would think initially there are a lot more men. The challenge in many ways is to reach the men. She is very directly developing specific messages that help educate them on the dangers of sexual promiscuity as the vehicle of spreading AIDS.

She also shared her thoughts on the way to use multiple media sources—telephone lines, billboards, television, radio—to get the message out. She understands that all the knowledge in the world about HIV/AIDS is not worth very much unless it reaches the individual person.

In Mozambique, we met the traditional healers from 10 villages. It was wonderful for me as a physician to be able to go out in a remote part of Mozambique and to have the traditional healers, for whom Western medicine is not something they have been exposed to much, and who use the traditional healing methods, interested in HIV/AIDS, asking the right questions, putting them forward, and then educating people. These traditional healers are the ones who give health care today. They have relationships like the doctor/patient relationship already with their villagers. They help destigmatize and encourage education about HIV/AIDS. They are the community leaders.

We have to prepare for a future without AIDS. The devastation caused by AIDS is overwhelming. But we must continue to envision a world without HIV/AIDS, especially in countries that have been overtaken and are feeling the effects at the individual level, in families, and on the economies. Even if we get the disease under some sort of control, we need to think ahead and plan for the future.

In all the countries in Africa that we visited we were met with hope for the future, hope for new trade agreements, which we need to work on, I believe,

aggressively in this country. We heard about the hope that trade barriers will fall so economies will improve and jobs will open up. We listened and heard and were struck by the hope that they have for a prosperous life for their families.

You have this devastating pandemic, terrible disease affecting the continent and individual countries. Yet it always comes back at the end of the conversation with a smile and optimism and hope. I think that is one of the aspects that attracts me back to that continent again and again. We should stand by them, partner with them, and maximize their opportunity for growth.

In closing, I do thank the Ambassadors and staff of each of the nations that we visited: Ambassador Cameron Hume in South Africa, Deputy Chief of Mission Dennis Hankins in Mozambique, Ambassador Joe Huggins in Botswana, Ambassador Kevin McGuire in Namibia, for all of their outstanding work, their outstanding support. They opened their world to us in a way that we very much appreciate and that we will act upon over the coming weeks and months and years. They literally opened their homes to our delegation and worked overtime to make our trip a success. For that we are grateful. They are a great credit to the State Department and to the United States and to the people they represent. Those people are the people of the United States of America.

I have gone on too long. Again, it was a dramatic, important trip for Members of the Senate as we look ahead to how best and most wisely invest our taxpayers' money, to this huge, bold, initiative, the boldest initiative taken in public health by any leader of any country ever, the initiative President Bush put forward to fight global HIV/AIDS with \$15 billion over 5 years.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BURNS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURNS. Mr. President, as we move into the debate on the Interior appropriations bill, there are still some important amendments that have yet to be offered. I understand the minority leader will be here. He has a couple amendments. We will lay those down today and talk about those. If Members are in town and watching, I suggest they bring their amendments down so we can get the list down to where it is manageable in the first place so we can complete this appropriations as early on Tuesday as we possibly can.

In the meantime, we will be talking about a lot of very emotional issues. When you talk about public lands, everybody becomes a land manager. As we debate this, it never ceases to amaze me that we forget that there is

a lot of knowledge on how to manage lands and the resources that we haven't tapped.

This Saturday, September 20, volunteers across the United States will participate in the 10th annual National Public Lands Day.

This day is coordinated by the congressionally chartered National Environmental Education and Training Foundation, in conjunction with the Take Pride in America Program.

By the way, the Take Pride in America Program goes all the way back to one of the first programs the Interior Department put in when I first came to the Senate.

These two fine organizations team up in an effort to enhance and improve our public lands while promoting awareness of citizen stewardship and increasing volunteer opportunities for the public. This is an excellent idea. I would like to commend them, as well as the 70,000 folks across the United States who volunteered last year, for their hard work in participating in this task.

One-third of the total amount of the U.S. land mass is considered public lands. Recreational activities on these lands are enjoyed by millions of Americans and their families. Glacier National Park alone in my State provides recreational opportunity for snowshoeing, boating, and horseback riding for nearly 580,000 visitors each year.

By the way, we got good news last night. Maybe some of us are watching Isabel. One fellow walked into the office this morning and asked, "Isabel who?" We will proceed with keeping everything operating. But, also, good news is that in Glacier National Park we got 4 inches of snow last night, and they closed the Going to the Sun Highway Road. There are some back here who may not think that is good news, but it is awfully good news to us because that means the end of the fires.

Another national park in my neck of the woods is Yellowstone, which happens to be the oldest national park in the world, and it is sometimes considered the crown jewel of the park system. It is implementing a fee-free day in honor of National Public Lands Day.

As chairman of the subcommittee on Interior appropriations, I would like to extend a premature thank you to at least a dozen members of my own staff and their friends who are participating in Public Lands Day. This wasn't something which I asked them to do.

I ask unanimous consent that their names be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### NATIONAL PUBLIC LANDS DAY

1. Jodie Peters; 2. Melanie Benning; 3. Angela Schulze; 4. Jennifer O'Shea; 5. Chris Heggem; 6. Ryan Thomas; 7. Bruce Evans; 8. Ginny James; 9. Leif Fønnesbeck; 10. Kassy Hodges; 11. Stan Ullman; 12. Jarrod Thompson; 13. Christen Petersen.

Mr. BURNS. Mr. President, in the East it is a good idea to work on public

lands, particularly if this storm hits us and we sustain a little damage from it. It may be a good time to not only take care of our own property but also to volunteer to help clean up those areas of public lands that we enjoy.

This is something we are asking Americans to do, and 70,000 responded last year.

We have a fine group in this area that is going to work along the Potomac River shoreline where they will undertake the task of painting trash cans, railings, and benches on Hains Point Park early Saturday morning. Many in my office are going to participate.

As we look forward to Public Lands Day and Saturday, I encourage citizens of this great country to think about Take Pride in America's slogan: "It's your land, lend a hand."

I think that is an important message.

I notice that my good friend from South Dakota, the minority leader, is on the Senate floor.

I yield the floor.

THE PRESIDING OFFICER. The minority leader.

Mr. DASCHLE. Mr. President, I thank the Senator from Montana who has done a great job of working with this legislation once again this year. I commend him for his efforts.

AMENDMENT NO. 1739

Mr. DASCHLE. Mr. President, I ask unanimous consent that the pending amendments be set aside and that amendment No. 1739 be considered.

THE PRESIDING OFFICER. Without objection, it is so ordered.

The legislative clerk will report.

The Senator from South Dakota [Mr. DASCHLE] proposes an amendment numbered 1739.

Mr. DASCHLE. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

THE PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To strike funding for implementation of the Department of the Interior's reorganization plan for the Bureau of Indian Affairs and the Office of Special Trustee and to transfer the savings to the Indian Health Service)

On page 46, line 7, strike "Provided, That" and insert the following: ". and of which \$79,282,000 (composed of \$20,000,000 from administrative accounts for operation and support, \$6,346,000 from the trust accountability account, \$15,168,000 from the field operations account, and \$37,768,000 from the historical accounting account) shall be transferred to the Indian Health Service and shall be available for clinical services: *Provided*, That none of the funds made available by this Act may be used for the proposed trust reform reorganization of the Bureau of Indian Affairs or the Office of Special Trustee: *Provided further*, That".

Mr. DASCHLE. Mr. President, for over 100 years, the Department of Interior has managed for the benefit of Indian people a trust fund containing the proceeds from the leasing of oil, gas, land and mineral rights on Indian land. Today, far from enjoying a sense of se-

curity about the investment of these assets, tribal and individual Indian account holders cannot even be assured of the accuracy of the balances that the Department of Interior claims are in their accounts, and the Interior Department's discharge of its trust responsibility is being litigated in Federal court.

There is little disagreement that the Department of Interior's stewardship of Indian trust funds has been a colossal and longstanding failure. But rather than get directly at the underlying problem, the department continues to focus on reorganization of the bureaucracy. Adding insult to injury, department officials refuse to collaborate with the tribes on a government-to-government basis as the department promised.

It is my strong belief that Congress should not appropriate any additional funds for reorganization of the BIA until tribal leaders are fully consulted on, and can fully participate in, the design of the reorganization plan.

Many of us received a letter yesterday from the National Congress of American Indians suggesting that Congress not fund the department's ill-considered reorganization.

According to NCAI, "The reorganization, because it is being executed in advance of the reengineering of the trust accounting systems, is premature, expensive, and will not improve trust management." NCAI goes on to say that: "Instead the funding should be directed back to basic Indian programs from which the money has been reallocated."

I agree with NCAI and the tribal leaders of my State, who are saying the same thing. I am, therefore, proposing that we transfer \$79 million from accounts that would fund a reorganization of the Bureau of Indian Affairs to the Indian Health Service.

We are all painfully aware of the acute human need that exists on the Nation's Indian reservations. Education, unemployment programs and infrastructure are all underfunded by the Federal Government. But no human need cries out more than health care.

The health care statistics on the reservations of South Dakota, and throughout the country, are closer to the statistics of the developing third world than they are to the national statistics for the United States. Infant mortality rates, diabetes rates, fetal alcohol syndrome rates and SIDS rates on the reservations far exceed that of the rest of the Nation. Every health barometer calls out for prompt intervention and assistance.

We must increase Federal funding for health care on the reservations. It is the key to a better education, which is the key to a more productive life.

Yesterday on the Senate floor I showed my colleagues a chart that showed the per capita commitment to health care on the reservations. It is exactly one-half the per capita com-

mitment to Federal prisoners in the United States today. One-half, about 1,900 versus 3,800. Restoring accountability and efficiency to trust management and paying account holders what they are owed is a matter of fundamental justice and should be a national priority. Nowhere do the principles of self-determination and tribal sovereignty come more into play than in the management and distribution of trust funds and assets clearly owed to Indian tribes and their people.

However, the successful resolution of this challenge, which has eluded the reach of administrations of both political parties for years, depends on meaningful dialogue and true partnership between the Federal Government and Indian people and their representatives. That standard is not reflected in the Interior Department's current reorganization plan.

Therefore, when I contrast the relative merits of more funding for this reorganization with more funding for health care, it is not a close call.

I urge my colleagues to adopt this amendment transferring \$79 million from BIA and the Office of the Special Trustee reorganization to Indian health care.

I ask unanimous consent that letters from the National Congress of American Indians and the Native American Rights Fund be printed in the RECORD along with a resolution regarding this issue passed by the National Congress of American Indians.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

NATIONAL CONGRESS  
OF AMERICAN INDIANS,

Washington, DC, September 17, 2003.

Re: DOI Interior Appropriations Request for Historical Trust Accounting and Trust Reorganization.

Hon. BILL FRIST,  
Majority Leader.

Hon. CONRAD BURNS,  
Chairman, Subcommittee on Interior Appropriations.

Hon. BEN NIGHTHORSE CAMPBELL,  
Chairman, Committee on Indian Affairs.

Hon. TOM DASCHLE,  
Minority Leader.

Hon. BYRON DORGAN,  
Ranking Member, Subcommittee on Interior Appropriations.

Hon. DANIEL K. INOUE,  
Vice Chairman, Committee on Indian Affairs.

DEAR SENATORS: It has been over a decade since Congress first ordered the Department of Interior to conduct an accounting for Indian trust funds. Since that time, the Department has spent over 600 million dollars on trust reform, but has yet to produce even one accounting. In the FY2004 Interior Appropriations bill, the Department has requested yet another enormous increase in funding to product a historical accounting and reorganize Bureau of Indian Affairs functions to the Office of Special Trustee, shifting significant amounts of funding away from basic Indian programs.

The recent U.S. Civil Rights Commission Report, "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" evaluates the budgets and expenditures of the six major federal agencies responsible for Native

American programs. The Commission concludes that significant disparities exist between federal funding of programs serving Native Americans and those serving other Americans. The report finds that when inflation is factored in, funding for many individual programs has decreased.

In these days of tight federal budgets and dire needs in American Indian communities, we have to make sure that every federal dollar spent in Indian country is money well spent. We do not believe that the increases requested for historical trust accounting and BIA reorganization meet that criteria.

The bottom line on historical accounting is that the Department simply has not maintained the records to enable an accurate accounting to occur—it has been demonstrated time and again that a more comprehensive forensic accounting approach is needed. The reorganization, because it is being executed in advance of the reengineering of the trust accounting systems, is premature, expensive, and will not improve trust management. NCAI believes that any trust reform reorganization at the Department should only occur after interested parties—including tribal leadership—collaborate to identify new trust business processes and the organizational structure that should accompany those new processes.

FY2004 Interior Appropriations should not fund the ill-considered historical accounting effort and reorganization. Instead, the funding should be directed back to basic Indian programs from which the money has been reallocated. I have attached NCAI Resolution #PHX-03-040, opposing the Department of Interior's trust reorganization plan and related FY2004 budget request.

Tribal leaders understand better than anyone that the Bureau of Indian Affairs needs to change, that it has significant difficulty in fulfilling its responsibilities in management of trust funds, and that some of the problems relate to the way that the Bureau is organized. We want to see successful change and improvement in the way the BIA does business. We are not opposed to reorganization per se; we simply want to see it done right. In our view, effective organizational change to effectuate trust reform must contain three essential elements:

(1) Systems, Standards, and Accountability—a clear definition of core business processes accompanied by meaningful standards for performance and mechanisms to ensure accountability;

(2) Locally Responsive Systems—implementation details that fit specific contexts of service delivery at the regional and local levels where tribal governments interact with the Department; and

(3) Continuing Consultation—an effective and efficient means for on-going tribal involvement in establishing the direction, substance, and form of organizational structures and processes involving trust administration.

These elements are lacking in the current DOI reorganization proposal.

We are extremely concerned that the lack of definition of the responsibilities and authorities of new OST offices will cause serious conflicts with the functions performed by the BIA Agency Superintendent and/or Indian tribes. The OST was designed by Congress to play an oversight role, but the reorganization would now give the Office both oversight and management responsibilities, a clear conflict. Moreover, we believe that the funding and staff needs to flow directly to the agency and regional levels—not just to new Trust Officers—to address long-standing personnel shortages needed to fully carry out the trust responsibility of the United States. Before DOI begins the process of establishing an entire new mini-bureaucracy,

the financial and management impact of such an action must be thoroughly examined by the Congress and by affected tribal governments.

We fear that the DOI is on the verge of repeating the classic mistake that has ruined the majority of its efforts to reform trust administration in the past. The preoccupation with moving or creating boxes on a chart is the antithesis of how effective organizational change can and should be brought about.

The Department is headed in the right direction with its reengineering efforts, but the new business processes should be devised through a collaborative process involving both BIA employees and tribal leadership. We must include the input of tribes and BIA employees so that the great numbers of people who must implement changes in trust administration understand and support necessary reforms. Only then, as a final step, can we design an organizational chart to carry out the functions of trust management without creating conflicting lines of authority throughout Indian country. The history of trust reform is filled with failed efforts that did not go to the heart of the problem and do the detailed work necessary to fix a large and often dysfunctional system.

At this time, Congress should prevent DOI from proceeding with its proposed reorganization plan and focus instead on funding core Indian programs where the need is greatest, and programs such as land consolidation, title and accounting that will in time reduce the cost of trust administration. We believe that this could be accomplished with simple appropriations language such as, "None of these funds shall be used for the proposed historical accounting and trust reform reorganization of the Bureau of Indian Affairs and Office of Special Trustee until the Secretary has completed the ongoing reengineering processes through consultation with the tribes." Thank you very much for your interest in our concerns, and for your continued commitment to American Indian communities.

Sincerely,

TEX G. HALL.

NATIVE AMERICAN RIGHTS FUND,  
Washington, DC, September 17, 2003.

Hon. TOM DASCHLE,  
Minority Leader, U.S. Senate,  
Washington, DC.

DEAR SENATOR DASCHLE: As counsel for the class in *Cobell v. Norton*, Civ. No. 96-1285 (RCL), a case was filed on June 10, 1996 on behalf of a more than 500,000 individual Indian trust beneficiaries in the Federal District Court for the District of Columbia. I write to clarify the position of the Cobell plaintiffs regarding the use of current appropriations for the historical accounting and reform of the IIM Trust. Specifically, under current circumstances, we have no objection to the use of such appropriations to address the many other pressing needs of Indian Country—including, without limitation, Indian education and health services.

We do not believe Interior can render a complete and accurate accounting. Nor do we believe Interior can reform the trust without Court intervention. Our view on this matter is reinforced with the knowledge that Interior has wasted nearly \$1 billion over the last decade on trust reform and there has been no material improvement of the IIM Trust. In short, until the Court has approved a methodology for the historical accounting and plan for meaningful trust reform—issues which have been tried and for which a decision is pending—Interior's record conclusively demonstrates that such funds will be

wasted and will certainly not benefit Indian Country.

Sincerely,

KEITH HARPER.

[From the National Congress of American Indians]

RESOLUTION #PHX-03-040

TITLE: SUPPORTING TRIBAL LEADERS' INVOLVEMENT IN A CONGRESSIONAL PROCESS TO SETTLE TRUST CLAIMS; STRONGLY OPPOSING THE DEPARTMENT OF INTERIOR'S INDIAN TRUST REFORM REORGANIZATION PLAN AND RELATED FY 2004 BUDGET REPORT; CREATING A TRIBAL LEADERS WORKGROUP TO ADDRESS BOTH ISSUES

Whereas, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people and their way of life, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

Whereas, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native Tribal governments; and

Whereas, the federal government has a longstanding comprehensive trust responsibility to Indian tribes based on treaties, the United States Constitution, federal statutes, executive orders, and judicial decisions; and

Whereas, the issue of whether the federal government has violated its trust responsibility to Individual Indian Money account holders has been in litigation since 1996, under what is now named the *Cobell v. Norton* case; and

Whereas, as one means of dealing with the issues in *Cobell v. Norton*, the Department of the Interior (DOI) has developed and is implementing a reorganization plan which attempts to diminish and limit the nature of the federal government's trust responsibility; and

Whereas, the DOI reorganization plan creates a top-heavy bureaucracy which will divert desperately needed funding and resources from regional offices and local agencies, strip important decision-making authority from those offices and agencies, and negatively impact trust fund and trust resource management programs at the local level; and

Whereas, the DOI has incorrectly asserted that segments of its reorganization plan have the approval of Tribal Leaders; and

Whereas, the DOI plan in fact ignores and rejects Tribal leaders' core consensus positions, developed at great expense of Tribal time and resources, that trust reform must not negatively affect BIA programs, that it must recognize the comprehensive trust responsibility of the DOI/BIA with enforceable standards for meeting that responsibility, that the BIA must not be arbitrarily split between "trust" and so-called "non-trust" programs, as every BIA function is a trust function; and that decision-making must take place at the "lowest" (agency/region) level possible rather than in Washington, DC; and

Whereas, the DOI reorganization plan lacks substance and details in the areas of management and delivery of trust services;



does not describe the new or improved business processes that will be implemented, lacks any recognition of enforceable standards that will guide the implementation of such processes; does not provide accountability to Congress, the courts, Indian tribes and their members; does not provide for a trust oversight mechanism; and fails to provide any details on how service delivery will be improved at the regional and local levels; and

Whereas, DOI's FY 2004 budget makes improper requests, and in likely violation of federal law, consolidates authority and funding in OST at the expense of Tribal programs: DOI seeks a \$123 million increase for OST, nearly doubling its funding, while, at the same time, seeking a \$63 million cut to BIA construction, including a \$32 million cut for school construction, as well as an \$8 million cut to Indian Water and Claims Settlement funding. Equally disturbing, DOI is seeking a less than one percent (0.3%) increase for Tribal Priority Allocations, funding that flows directly to Tribes for trust programs; and

Whereas, this attempted reorganization is premature because the "To-Be" re-engineering study on how to fix the trust management apparatus has not been completed; and

Whereas, Tribal leaders strongly oppose the reorganization for the reasons herein described; and

Whereas, Senators Ben Nighthorse Campbell and Daniel K. Inouye, Chairman and Vice-Chairman of the Senate Committee on Indian Affairs, have written to all Tribal leaders asking for their participation in helping to settle the Cobell v. Norton case and "reforming the Federal trust management apparatus"; and

Whereas, the continued litigation will cost many more millions of dollars and take many more years to reach completion, further impeding the ability of the Bureau of Indian Affairs and the Department of Interior to carry out their trust responsibilities to Indian tribes; and

Whereas, it is in the best interests of Tribes that Tribal leaders participate in the resolution of trust related claims and the development of a workable and effective BIA reorganization plan which incorporates the core consensus positions earlier articulated by Tribal leaders; and

Whereas, Tribal leaders are willing to discuss the Senators' proposal to achieve a settlement of trust claims and related issues because it focuses on land consolidation, development of settlement legislation, continuation of the effort to reengineer trust management processes, and the reorganization of the BIA in true and meaningful consultation with Tribal leadership;

Now, therefore, be it *Resolved*, That the NCAI does hereby strongly oppose the DOI's Indian Trust Reform Reorganization Plan and its related FY 2004 Budget Request; and

Be it further *Resolved*, That the NCAI calls upon Congress to immediately halt the reorganization of the Bureau of Indian Affairs until the concerns of Tribal Leaders are fully addressed by a workable and effective reorganization plan, and until the "To Be" process, developed through true and meaningful consultation with Indian Tribes, is completed; and

Be it further *Resolved*, That the NCAI hereby (1) opposes the FY 2004 proposed \$123 million budget increase to OST, (2) supports the restoration of funding for BIA Construction and Indian Water and Claims Settlements, and (3) supports a substantial increase, of at least 4%, for TPA funding; and

Be it further *Resolved*, That the NCAI requests a series of hearings before the Senate Committee on Indian Affairs and the House

Resources Committee on the BIA reorganization and the DOI's FY 2004 budget request, and that the Tribal Leader witnesses represent direct service, contracting and compacting tribes, all regions, and Tribes with diverse trust holdings; and

Be it further *Resolved*, That the NCAI supports the efforts of Senators Campbell and Inouye to help reach a settlement of trust claims and to effectively reform the federal trust apparatus, and encourages the participation of Tribal leaders, individually and through a Tribal Leaders Workgroup, in both these crucial processes; and

Be it further *Resolved*, That the President of the NCAI is hereby authorized to take all actions necessary to fulfill this Resolution; and

Be it finally *Resolved*, That this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

#### CERTIFICATION

The foregoing resolution was adopted at the 2003 Mid-Year Session of the National Congress of American Indians, held at the Sheraton Wild Horse Pass Gila River Indian Community, in Phoenix, Arizona on June 18, 2003 with a quorum present.

TEX HALL,  
President.

Mr. BURNS. Mr. President, there will be quite a spirited debate on this issue. There is no question that we have shortcomings in the Indian Health Service. We could use more dollars there. In fact, we added dollars this year to that particular item. Was it enough? Probably not. But who knows how much is enough, whenever we start allotting dollars and we take a look at the challenge we have, especially in Indian health care. We know diabetes is one great challenge we have on our reservations across this country.

We should also talk about the merits of the trust reform, too. Number one, the administration is talking veto if this amendment is allowed to be successful. Number two, it is tied up in court. There are actions and proceedings underway. The Senator from South Dakota is exactly right. This has spanned the years through all administrations, through all Secretaries. They have all been sued and held in contempt of court because they did not live up to their responsibilities of managing this trust.

We also have to be concerned about those in Indian country, of the thousands and thousands of Native Americans who are denied payment from this trust because it is in such a mess. Some reform or some system has to be set in place before anything can happen. The plaintiffs now in the court action are saying the total payment in the country could be as high as \$176 billion if we do not fix this system and make it work for those who have money due them.

I imagine that to take the dollars from reform and normal accounting procedures and let the new organization proceed with reform so we know where we are, what kind of ground we are standing on, and how best to get that money to the people to whom it is owed—I don't think this is the time to take dollars from that process of reform. We will have a spirited debate on this subject.

The Senator from South Dakota also points out we have two shortfalls—that and Indian health. So wherever your priorities are, do we take care of the trust so we take care of the financial conditions of those folks who have money coming to them or do we put basically a pittance of what really the IHS, the Indian Health Service needs. We have always covered those needs in the past with more dollars. We have added dollars this year. But we will monitor that very closely. I am aware of the needs in health care because I have seven reservations in the State of Montana and it becomes an issue there.

I thank the Senator from South Dakota for offering this amendment because it points up that we have two places we should be doing better.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. DASCHLE. Mr. President, I don't disagree with most of what my friend and colleague from Montana has said. He is trying to do the best he can given the allocation he has. I don't deny his responsibility to make the decisions as best he can, given the allocation. I didn't vote for the budget so I don't feel constrained by those budgetary allocation decisions that have been made within the Appropriations Committee.

Let me talk briefly about the two issues the Senator addressed. First, with regard to the trust fund. The \$79 million is for reorganization of the BIA to adapt itself to the policy once the policy is implemented. The question I have is, how can you reorganize a bureaucracy before you know what that policy is going to be? How can you say we are going to put it in this agency or in that department or in that bureau or that desk without knowing what the policy is going to be? And the policy is being contested. It seems to me we are putting the cart before the horse. We need to decide on the policy and then do the reorganization. That is what I am saying. Yet there is \$79 million for the reorganization before we even have a clue what the policy is going to be.

With regard to the Indian Health Service, the President requested about \$1.9 billion for IHS. The analysis done by independent sources has indicated if we are going to do it right, if we are going to provide coverage anywhere near the coverage provided to others in the rest of the country, we would have to put another \$2.9 billion into the Indian Health Service budget to reach a per-capita equivalency, that parity. But we are not going to do that. We obviously cannot do that. We had that debate on the budget resolution. I don't recall what the exact number was. We offered an amendment to add about \$2.9 billion, and that was defeated.

What the Senate budget resolution included, and I believe it was the amendment of the Senator from Montana, but it could have been someone else's, was another \$292 million, not the \$2.9 billion. We passed that, but it was not in the final bill, so that was the

subject of the amendment I offered last night, an amendment to put that agreed-upon \$292 million in the appropriations bill. We will have that vote, as well.

We are simply saying we ought to try to begin addressing this extraordinary deficiency we have. To say to a Native American, on a per-capita basis you are only going to get one-half of what we give our Federal prisoners is to defend a disparity that I cannot imagine we can defend. I hope first we can commit to the \$292 million. But since we are not ready to move forward on this BIA-OST reorganization plan that really isn't a plan, or to spend the \$79 million wisely, I am arguing that we are certainly ready to spend it through the provision of Indian Health Service clinical services. That is where it ought to go right now until we know about trust land policy and how it will be implemented and how we reorganize to implement that policy once it is decided.

I thank my colleague. I know there are concerns about the weather. To accommodate staff and others I will not belabor this. I appreciate the opportunity to offer the amendment and look forward to the debate on Monday and the vote on Monday evening.

I yield the floor.

Mr. BURNS. I think the minority leader brings up a good number. How do you reorganize a bureaucracy? That is always a great challenge in this town, especially if you work in Washington, what I refer to as 17 square miles of logic-free environment.

There are some folks who want to catch some transportation out of town. I will remark what the schedule will be. We will be talking quite a lot about wildfires. We have good news: Four inches of snow this morning at Glacier National Park and the temperature is dropping down now to where we can get our arms around these fires. Nonetheless, it did not take away from the devastation those fires brought to the west this year and how we manage the dollars it takes to fight those fires. And it is every State's responsibility in this Union to respond to a national problem.

If you look just at this year—this did not make great headlines—27 firefighters died this year in wildfires on national lands—27. And 789—at last count—homes and other structures were destroyed, and 2.8 million acres have burned.

During the recent Labor Day weekend, 25,000 firefighters were still working on fires in the West. Now that is subsiding, that is over. Of the 2.8 million acres, 600,000 acres are in my home State of Montana.

What does that mean? That means lives are disrupted and resources lost. Tourism was curtailed almost to nothing this year in those particular areas that always see high summer tourism activity—Glacier National Park, Yellowstone National Park.

We are going to hear in this debate: Well, maybe we should study it. We

have enough institutional memory already and data that tell us what we are doing wrong. The Forest Service and private foresters were not just hired 10 years ago. They have been around a long time. And our institutional knowledge of fires goes back to the fires of 1988. That was the fire, of course, that destroyed the better part of Yellowstone Park.

So we will have some visuals, and we will try to make the case that this is a national problem and it must be solved by national leaders representing every State in the Union. Every State in the Union has a stake in this because what the Forest Service has done, what the Bureau of Land Management has done, is they have raided other accounts to pay for their firefighting activities. Now we must replace those dollars. If we do not, that affects the Forest Service, BLM, Park Service, and U.S. Fish and Wildlife Service in every State.

So as we move on this issue, I hope the Nation will draw its attention to what is the right thing to do because we have an \$850 million problem we must take care of.

Mr. President, not seeing anyone else on the floor, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### AMENDMENT NO. 1739

Mr. DORGAN. Mr. President, I rise today to support the amendment offered by my colleague, Senator DASCHLE, to increase clinical services in the Indian Health Service. I wish to speak just for a moment about the issue I raised yesterday, that there is, in my judgment, a full-blown crisis on Indian reservations in this country dealing with health care, education, and housing, and we are not addressing that crisis the way we should.

I have been pleased to work with my colleague from Montana, Senator BURNS, who I think does a remarkable job. We have not gotten the allocation we really need in order to meet all the obligations we have. Included in those obligations, in my judgment, is the obligation to fund the Indian Health Service in order to provide the kind of medical treatment that is necessary for those who are showing up at the Indian health treatment centers.

I must say, I just recently toured a clinic on the Fort Berthold Reservation and talked to doctors, nurses, and health care delivery personnel. They are wonderful people, but it is dramatically underfunded. The fact is, if you have a heart attack at that Indian reservation at 5 o'clock, you are in some trouble because the clinic is closed. They do not have the resources to keep it open. If you have a heart attack on a Saturday, you are in trouble because

you won't have access to the health care you need at that point.

So we need to work on these issues. We need to resolve these issues. Some say: Well, why special issues dealing with American Indians? The fact is, they were here before we were, first of all. But, second, Native Americans in this country have served this country in so many ways, so many wonderful ways.

One Sunday morning, some years ago, I traveled to the veterans hospital in Fargo, ND, to present medals that were earned by an American Indian. His name was Edmund Young Eagle. I have told my colleagues about this, I believe, on one other occasion.

Edmund Young Eagle was an American Indian, living on the Fort Yates Reservation. He was called to serve his country during the Second World War. He left and went to serve. He served in Africa and in Europe, Normandy. He served this country with great distinction in World War II. Then he came back to live on the Indian reservation.

He never had very much, never married, never earned much income. He did not, perhaps, have as much joy in his life as he would have liked. Then he developed lung cancer. In his mid seventies, when I met Edmund Young Eagle, he was lying in a veterans hospital bed in his pajamas. I didn't know it that Sunday morning, but he was about a week from dying. He died a week later.

His sisters had asked me if I could achieve for him the medals he earned during World War II that he had never received. And I did. I took them to the VA hospital on that Sunday morning. Edmund Young Eagle was sick with, as I said, lung cancer. His sisters and the doctors and nurses came into the room. We cranked his bed up to a seated position, and I pinned those medals on Young Eagle's pajama top.

He earned those medals fighting for this country in the Second World War. He had a very distinguished record. This very sick man, an American Indian, said to me that Sunday morning in the hospital that it was one of the proudest days of his life, as he sat there in his hospital bed wearing his military medals that he had earned serving this country.

If you look at the service given this country by American Indians, Native Americans, who have been drafted and then enlisted in massive numbers across this country, they have served in virtually every conflict, every war with great distinction.

Go to a pow-wow someday and watch those Native Americans wear their uniforms, being part of the American Legion or part of the group in that reservation or with that particular tribe that is celebrating their service to our country, and you can't help but be enormously proud. But when you take a look at other things that are part of the culture of their lives, and you see service to their country was one part that was very important to them—and



they served in higher numbers as a percentage of their population than almost anyone in this country—most of them, many of them came back to their reservations to find there was a crisis in health care, housing, and education.

My colleague, Senator DASCHLE, offers an amendment dealing with health care. This is not just about veterans. It is about children. It is about retired folks. If you tour these Indian reservations and take a look at what the Indian Health Service is doing, what the public health system is doing, we have some wonderful men and women working very hard, long hours, doing the best they can, but the resources don't exist to provide the kind of health care for these children and these citizens as exists in the rest of the country. It is just plain fact.

The Indian Health Service has a budget of about \$2.5 billion. The analysis is they need about \$12 billion more. Of course, that is not going to happen. This is not some academic debate. This is not about theory. This is about people living and dying. This is about life or death decisions for a lot of people, especially the more vulnerable in that population. I am talking about children.

You want to hear stories about children who die because of chicken pox. We can talk about that on some of these reservations. You don't hear that much anymore, people dying of chicken pox.

The primary health services that are available to American Indians on reservations are inadequate. I mentioned yesterday 5,000 people getting their dental care from one dentist in a small trailer. That is not health care. It doesn't meet the needs of those people on that reservation.

My colleague, Senator DASCHLE, offers an amendment to try to find some additional resources for clinical services. I support that.

Senator BURNS missed what I said about this bill. I said, Senator BURNS has Indian reservations in Montana and cares a lot about these issues. We have done as well as we could given the allocation in this bill. I wish we could do more.

I support this amendment because it will do more. I recognize the offset comes from outside the bill, and there is some difficulty with that. I think when you are talking about issues of life and death, we need to make fit the solution that is necessary to provide the health care needed, particularly by these children but also people who are more vulnerable.

Go to an Indian reservation, for example, and talk to people about diabetes. You will discover the rate of diabetes on, for example, the Fort Berthold Reservation is not double or triple or quadruple the rate of diabetes in this country. It is 12 times the rate of diabetes, 12 times the rate of the American population.

One day I flew into New Town, ND, with the late Congressman Mickey Le-

land and former Congressman Tim Penny. We held a hearing on the Fort Berthold Reservation. We had a range of people talk to us about the diabetes epidemic. Go to that reservation today and see the rows of people doing renal dialysis to stay alive, go to the diabetes clinic—which I got funding for—and see what they are doing to try to deal with this scourge called the diabetes epidemic.

There are so many challenges that need to be met and so few resources. That is why I fully support this amendment.

When I walked in the Chamber, my colleague from Montana was speaking of forest fires. North Dakota is a State that is ranked 50th among the 50 States in native forest lands. We are a wonderful State. We cherish the trees we have. But we rank 50th among the 50 States. We are not affected much by forest fires. We do have some range fires on the grasslands. The forest fires, of the type my colleague and his constituents face, or the forest fires we have read about in Colorado and Arizona and other areas, are devastating events. The fact is, we know these events occur. This is not some tsunami or typhoon that occurs once every 5 or 10 years. We know these events occur.

As my colleague said, we ought to provide for the payment for fire suppression and firefighting in the budgets that we put together. The President ought to do it. He ought to request it, and we ought to fund it. It doesn't make sense for us to pretend we are surprised when there is a forest fire. We must be the only people surprised. Forest fires happen. There is no reason to continue having budgets come down from the President that say, let's not adequately fund this so that we can borrow money from this, that, and the other place. Then we pretend we are shocked when a fire comes around and we have to pay for it. Then we try to do some emergency fix someplace. That doesn't make sense to me.

Forest fires are devastating events. We know they are going to happen. We should provide funding for fire suppression activities. Hundreds of millions of dollars ought to be in these budgets. My colleague from Montana and I are determined to try to make sense of this and work with the White House and others to do the right thing. I echo his comments about the urgency of doing that.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BURNS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MORNING BUSINESS

Mr. BURNS. Mr. President, I ask unanimous consent that the Senate

proceed to a period of morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### JUDICIAL NOMINATIONS

Mr. LEAHY. Mr. President, today, we vote to confirm 5 district court nominees, including 4 nominees to the U.S. district courts in New York.

With today's confirmations, the Senate will now have confirmed 151 judicial nominees for this President. This stands in stark contrast to what occurred with judicial nominees during the Clinton administration. More than 3 years passed during President Clinton's second term, when Republicans controlled the Senate, before the 150th judicial nominee was confirmed. It also took more than three years from when the Republicans gained control of the Senate majority in 1995 to confirm 150 judges for President Clinton.

Moreover, this President's nominees have been considered more expeditiously than were his father's or President Reagan's. It took President Reagan, during his first term, almost to the end of his fourth year to get 150 of his judicial nominees confirmed, and that was with a Senate that was controlled by the same party. President Reagan's 150th judicial nominee was not confirmed until September 17, 1984. It also took President George H.W. Bush well into his fourth year to get 150 of his judicial nominees confirmed. His 150th judicial nominee was not confirmed until April 8, 1992.

In contrast with the shifts in Senate control, it has effectively taken just 2 years of rapid Senate action to confirm 150 judicial nominees for this President. The fast and fair pace at which this Senate has considered this President's nominees is also demonstrated by how many circuit court nominees have been confirmed. We have now confirmed 28 circuit court nominees for President Bush since July of 2001, which is more than were confirmed at this time in the third year of President Reagan's first term, President George H.W. Bush's term, or either of President Clinton's terms.

In contrast to how President Clinton's nominees were treated, the confirmation process for these 5 district court nominees has been expeditious and smooth. The 4 New York nominees come to us with broad bipartisan support, including the support of their two home-state Senators. Their confirmations today show how cooperation can work to fill vacancies on the Federal bench with qualified, experienced and diverse candidates.

All four New York nominees were given hearings at the end of July under an agreement that allowed them to be on a hearing on an expedited basis. This was an example of how the Democratic members of the Judiciary Committee cooperated with the President and with the Committee's Republican